

From: Justine Karnell
1/19/2017

Fax: (888)

To: FLORIDA change of A Fax: (850) 617-6380
Division of Corporations

Page 2 of 4 01/19/2017 8:54 AM

A06000000034

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
SIESTA LAGO CONDOMINIUMS, L.P.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Siesta Lago Condominiums, LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000034

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Margot Mullin

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City, State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

at (

888

)

705-7274

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Siesta Lago Condominiums, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/06/2006

Date of filing/registration in Florida

3. A06000000034

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Rachel Acosta

Name

5400 E Michigan Street

Address

Orlando, FL 32812

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office.

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner BH Siesta Lago Management, LLC

By: BH Siesta Lago Management, LLC

By: BH Equities

By: Harry Bookey, its Manager

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent Justine Karnell
Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

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